

**Maryland Department of Health Developmental Disabilities
Administration
Behavioral Respite and Mobile Crisis Intervention Services
RFP Number: MDH/OPASS 20-17375
Questions and Answers
August 15, 2019**

1. In reference to the Financial Proposal Form, are the Behavioral Health Respite (BRS) units the anticipated number of bed days (i.e. 24 hour unit) within each region of the state?

Response: Yes.

2. In reference to the Financial Proposal Form tabs for Southern Region (SMR) and Eastern Shore Region (ESR) accurate? Based on the RFP document, page 3, section 2.2.2.3, the FY18 volume for those regions does not appear congruent with estimates on the SMR and ESR tabs of the Financial Proposal Form.

Response: The Volume is the previous usage for FY18, however the Financial Proposal Form is the estimated volume forthcoming and the basis of award. Afua please advise.

3. In reference to the Financial Proposal Form, RFP document definitions state that any start-up funding requests should be included in the Financial Proposal Form, but there is no section of the spreadsheet that specifically addresses startup funding. Should any funding requests be built into year one rates? Is there a need to submit a narrative justification for any requested startup funding?

Response: Yes. Start-up can be built into year one rate. Do not submit a narrative justification for any requested startup funding.

4. In reference to the RFP page 3, section 2.2.2.3, FY18 data provides a number of mobile crisis services; is this number the total number of encounters or the total number of 30 minute units for each region?

Response: That is the total number of billing units for each region.

5. What is the average duration of current MCIS responses in minutes or

hours?

Response: It is typically within an hour from when the call comes into MCIS.

6. In reference to section 2.3.2 (pages 4-5) it appears that the mobile crisis intervention services (MCIS) team cannot complete the behavior assessment for an individual that the team is referring for BRS. However, in section 2.3.3 (pages 9-12) MCIS teams are to complete a crisis behavioral assessment. If based on MCIS assessment, the individual should be referred for BRS, would the team then need to coordinate with the individual's provider agency for another behavioral assessment prior to making a referral for BRS admission?

Response: No, since the provider of MCIS is also providing BRS services, if the clinician that is on call for MCIS recommends BRS then they would be coordinating with the individual's provider agency to make arrangements to move said individual to BRS.

7. In section 2.3.3.1.2, letter C. it states that Targeted Therapeutic Staff (TTS) "should stay with a caregiver as a strategy to reduce the possibility of an emergency room visit after a MCIS call..."

a. Would this intervention be billed at the same 30 minute unit price as other MCIS activities?

Response: No. This service would be billed as Brief Support Implementation Services (BSIS)

b. Recognizing that the intervention may need to be implemented after hours but also requires DDA approval, will there be a process to initiate the request outside of standard business hours so there is no delay in authorization during a crisis episode?

Response: Each region has an on call after hours rotation and will be communicated when the contract is awarded

c. Section 2.3.3.2 appears to contradict the use of TTS to support the caregiver in the community, and instead appears to suggest that TTS would be utilized on general hospital and behavioral health units only. Please clarify the expectations about the settings and levels of care that TTS may be provided to support individuals.

Response: The purpose of providing TTS is to assist the individual during the transition from a hospitalization and back into the community as well as assist with preventing them from being hospitalized through the use of trained behavior techs that can work with either providing agency staff or families when this need arises.

d. Are there any specific educational requirements or credentials required of TTS staff?

Response: As this will be billed as BSIS services, the staff would need to have completed the RBT training that is required for BSIS staff, unless the staff member was a qualified licensed clinician.

8. In RFP section 3.3.2, #2.A. (page 20), it appears that a licensed clinician must be onsite for the entire MCIS intervention, in order to bill for units. In other words, if a technician remains on site to provide in-home support, those units would not be billable, unless a licensed clinician remained on site. Is this an accurate interpretation?

Response: No, if during the clinical assessment, the clinician recommends that a behavior tech stay on site to provide in home support, then the units of MCIS would be billed for the time that the clinician was present and BSIS units would be used for the time that the behavior tech was present and providing those services.

9. In RFP section 3.3.2, #2.A. (page 20), it appears that if an individual does not have an existing behavioral assessment and/or behavior plan the MCIS team may complete the crisis behavioral assessment and bill for units required to complete that assessment. Will the units required to develop and train caregivers on a behavior plan also be billable?

Response: No, The Crisis assessment is an initial assessment and triage. Recommendations of what should be done in the moment to mitigate the crisis. It is not the development of a long term behavior plan, the crisis assessment may have the recommendation of a formal functional behavioral assessment to be done.

10. In reference to RFP section 3.3.2, #2.B. (page 20), would TSS be billed at the rate for 30 minute units of MCIS, or is there another rate that should be used for

this service?

Response: It will be billed at the BSIS rate.

11. Because the BRS homes will be licensed as residential homes, and in anticipation of the future RFP for START services in Maryland, will there be any prohibition of residential providers in a region also providing START services? In other words, if a vendor were awarded CMR for BRS/MCIS services, could the vendor also bid on and be eligible for award of START services in CMR as well?

Response: MD START is going to be piloted in the Southern Region, any provider can bid on that RFP. If the vendor that is awarded BRS/MCIS wants to bid on MD START they can.

12. In reference to the RFP document, section 2.3.2.2.2, #C, given the small number of beds required in lower volume regions, is it possible to locate bed capacity in a neighboring region(s) so long as the total number of BRS beds allocated per region meets the minimum capacity requirements in this RFP?

Response: It is allowable to reach out to the other approved BRS/MCIS vendors in the state to inquire about locating an available bed for an individual from another region.

13. The start-up work plan indicates that certain activities (Section 5.1.3.2.F.3)a)ii)- 5.1.3.2.F.3.a)vii) must be completed 15-20 days prior to the notice to proceed (contract commencement date).

a. What is the process notifying offerors of a recommendation to award so that they may begin these activities prior to the NTP?

Response: Once the Contractor is notified of an Award and all required documents and signatures has been returned and approved by MDH it can take at least six weeks for Contract Commencement. Start-up activities will begin after Contract Commencement and prior to NTP date.

Please See (See Appendix 1 – Definitions) for defined terms Contract commencement, Notice to Proceed (NTP), NTP date and Go-Live date. Please note Section 5.1.3.2.F does not exist. The correct referenced

section is 5.3.2.F.

b. For the purposes of planning an effective implementation timeline, what is the anticipated expectation of days between notice to recommend award and notice to proceed?

Response: See response to 13a. Additionally, as mentioned in the RFP, there will be at least a 45 day start up period that will start after Contract Commencement and before the notice to proceed date (go-live date).

14. Section 2.5 provides the types and frequencies of reports required by this contract.

Does the State have existing templates/examples of approved formats for these reports that could be shared?

Response: No.

15. In the bidders' conference, a question was asked about the SOC Type 2 audit requirement. At that time, the State indicated that they were reviewing the requirement. Has a determination been reached as to the applicability of the SOC Type 2 audit required per the RFP?

Response: The SOC 2 clause has been in existence for 8-10 years, so should be in the current contract. If the contractor complies with current HIPAA requirements as approved by the Department, they might have an audit program that is acceptable in lieu of a SOC 2 audit.

16. In section 3.1.2.4 of the RFP, it is stated that key personnel must be identified and submitted to the contract manager 20 days prior to NTP. However, section 5.3.2.G requests description of staffs' qualifications, resumes for key personnel, and letters of intent from these key personnel. Can you please clarify if the State is requiring identification of key personnel at the time of RFP submission or 20 days prior to contract commencement?

Response: If the Offeror has qualified staff already identified by name to perform duties under this contract, identification of those key personnel must be submitted at the time of the RFP submission. Individuals identified as Key Personnel that were not specifically identified by name in the Contractor's Technical Proposal must be provided to the Contract Monitor no less than 30 days prior to the NTP Date, along with resumes and

appropriate evidence of required training and experience.

17. The start-up work plan (Section 5.1.3.2.F.3.a)ii)-5.1.3.2.F.3.a)vii) provides the required number of days prior to NTP that the Crisis Behavior Assessment must be submitted for approval; however, section 5.1.3.2.F.6 states that the Crisis Behavior Assessment should be included in the RFP submission. Please clarify which assessment and other programmatic forms are expected to be submitted with the RFP response.

Response: Section 5.1.3.2.F does not exist. The section that is being referred to is 5.3.2.F. A draft Crisis Behavior Assessment should be submitted with the RFP response.

18. Please verify the units of service illustrated in the FY18 data on page 3, Section 2.2.2.3 of the RFP. Do the data under Mobile Crisis Services reflect separate mobile crisis encounters that would each represent a billable service unit (i.e. one specific mobile crisis encounter event)? Do the Behavior Crisis Respite data reflect separate 24 hour units, each billed as a daily rate, in a crisis respite home?

Response: The data in the chart are for units of service. MCIS reflects the number of 30 minute units that were provided and the BRS reflects the number of 24 hour days that were provided.

19. It appears the RFP is requesting separate proposed unit of service rates for each type of service specified: Mobile Crisis Services and Crisis Respite Services. Is there a dollar amount limit on what respondents may propose for each service?

Response: No - the dollar amount that an Offeror comes up with should be reflected of the costs they perceive it will take to perform the services within this RFP.

Related to this question, is it correct to interpret the RFP to mean that all costs incurred to deliver either service should be included in a single proposed rate of service; one all-inclusive thirty (30) minute unit rate for any allowable Mobile Crisis service and one daily rate for Crisis Respite service?

Response: Yes, one cost for MCIS 30-minute unit and one cost for BRS daily rate.

20. Under Section 2.4, page 12 of the RFP, Online Information Database, is there an existing similar data base used by the State of Maryland and could it be accessed by vendors awarded contract(s) under this procurement. If not, how much time will be allowed for a successful vendor to secure or develop the required data base specified under Section 2.4? The RFP references a forty-five (45) day time frame from award to implementation. Is this time frame negotiable in order for the selected vendor(s) to develop the required Online Information Database?

Response: No there is no existing database used by the State of Maryland that can be accessed by the awarded Contractor. The successful vendor will have 45 days (start-up period) to secure or develop the required data base specified under.

21. Section 3.10.7 states that “Contractor shall maintain a file for each Behavioral Consultant which, at a minimum, shall include a copy of his/her resume, work sample....”

a. Does the term “behavior consultant,” for this purpose apply only to psychology associates or all clinical staff (licensed psychologists, social workers, counselors, BCBA)?

Response: It applies to any qualified clinician.

b. Is it acceptable to use a separate online database from the one identified in section 2.4, so long as the State is able to access it at will on a 24/7/365 basis?

Response: No.